



Complete in addition to the [Notification of Infectious Disease Form \(EPI-1\)](#). In the event of an outbreak additional forms and specimen collection are required for testing, a VIDOH-EPID staff will coordinate additional paperwork and investigation.

Suspected Diagnosis: <input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Unspecified Rash Illness	FINAL STATUS: <input type="checkbox"/> CONFIRMED <input type="checkbox"/> RULED OUT/ DROPPED <div style="text-align: right;">NBS PATIENT ID#:</div>
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Patient's Name: _____ <div style="text-align: center;">LastFirst</div> Address: _____ City: _____ Estate/County: _____ Zip: _____ Phone : () _____ Parent/Guardian: _____ Physician: _____ Phone : () _____ Address: _____	Reported By: _____ Agency: _____ Phone : () _____ Date: ____/____/____ Report Given to: _____ Organization: _____ Phone : () _____
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DEMOGRAPHICS: DATE OF BIRTH: ____/____/____ AGE: ____ SEX: ☐ Male ☐ Female ☐ Unknown

RACE: ☐ White ☐ Black ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander ☐ Unknown

☐ Other: _____

HISPANIC: ☐ Yes ☐ No ☐ Unknown

CLINICAL DATA:

☐ **Rash - Onset Date:** ____/____/____ **Duration:** _____ Days

Where did rash start?: ☐ Face ☐ Trunk ☐ Extremities

Is rash generalized?: ☐ Yes ☐ No ☐ Unknown

☐ **Fever - Onset Date:** ____/____/____ Max. Temp: _____°F

☐ Cough

☐ Arthritis/Arthralgia

☐ Light Sensitivity

☐ Coryza

☐ Lymphadenopathy

☐ Dehydration

☐ Conjunctivitis

☐ Sore Throat

☐ Malaise

☐ Koplik Spots

☐ Headache

☐ Other: _____

COMPLICATIONS: ☐ Croup ☐ Otitis Media ☐ Diarrhea

☐ Pneumonia ☐ Encephalitis ☐ Thrombocytopenia

☐ Death Date of Death: _____

☐ Other: _____

☐ Hospitalized at: _____

Admitted: ____/____/____

Discharged: ____/____/____ # Days: _____

Final Diagnosis: _____

LABORATORY DATA: Was laboratory testing done? ☐ Yes ☐ No ☐ Unknown

☐ DSHS ☐ Other: _____ Phone: () _____

☐ Culture: ☐ Measles ☐ Rubella ☐ Other: _____

☐ PCR: ☐ Measles ☐ Rubella ☐ Other: _____

☐ IgM: ☐ Measles ☐ Rubella ☐ Other: _____

☐ IgG: ☐ Measles ☐ Rubella ☐ Other: _____

Date specimen collected: ____/____/____ Result: _____

Date specimen collected: ____/____/____ Result: _____

Date specimen collected: ____/____/____ Result: _____

Date of acute specimen: ____/____/____ Result: _____

Date of convalescent specimen: ____/____/____ Result: _____

VACCINATION HISTORY: CDC Objective: 100% of measles or rubella cases must have a vaccination history captured.

VACCINATED: ☐ Yes ☐ No ☐ Unknown

If yes, list dates ☐ 1 MMR: ____/____/____ ☐ 2 MMR: ____/____/____

If no, indicate reason: ☐ Religious Exemption ☐ Medical Contraindication ☐ Evidence of Immunity ☐ Previous Disease - Lab Confirmed

☐ Previous Disease - MD Diagnosed ☐ Under Age ☐ Parental Refusal ☐ Unknown ☐ Other: _____

If 2nd MMR not given, reason: ☐ Religious Exemption ☐ Medical Contraindication ☐ Evidence of Immunity ☐ Previous Disease - Lab Confirmed

☐ Previous Disease - MD Diagnosed ☐ Under Age ☐ Parental Refusal ☐ Unknown ☐ Other: _____

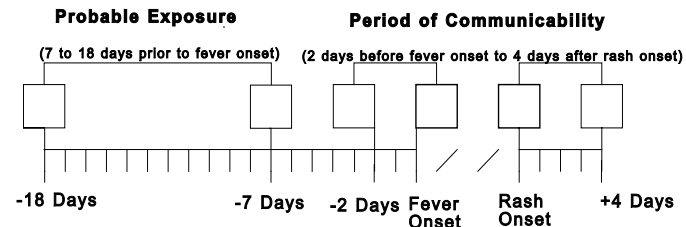
Name: _____

Rubella Reporting for Pregnant Cases: Was the case pregnant? ☐ Yes ☐ No ☐ Unknown If yes, # of weeks gestation at onset: _____
Prior evidence of serologic immunity: ☐ Yes ☐ No ☐ Unknown If yes, year of test: _____ or, age at test: _____
Previous rubella diagnosed by MD: ☐ Yes ☐ No ☐ Unknown If yes, age at time of disease: _____
Was rubella confirmed by serology?: ☐ Yes ☐ No ☐ Unknown Patient's due date: _____

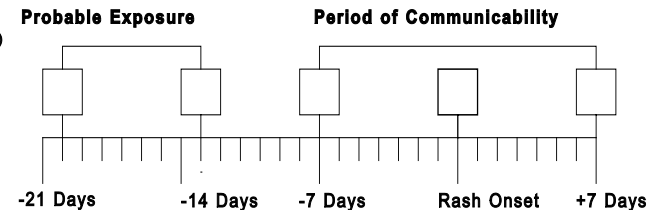
Results called to local investigator: ☐ Yes ☐ No ☐ Unknown
Person Contacted: _____ Date Called: ____/____/____ Initials: _____

INFECTION TIMELINE: Enter onset of rash. Count backwards and forwards to enter dates for probable exposure and communicable periods.

☐ **Measles**



☐ **Rubella**



SOURCE OF INFECTION: ☐ No exposure Identified ☐ Close contact with a known or suspected case: _____

Where did case acquire measles or rubella?: ☐ Day-care ☐ School ☐ College ☐ Work ☐ Home ☐ Dr. Office ☐ Hospital ER ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Military ☐ Jail ☐ Church ☐ International Travel ☐ Unknown ☐ Other: _____

Has any travel occurred within the exposure period? ☐ Yes ☐ No ☐ Unknown If yes, list location: _____

Importation Class: ☐ Indigenous ☐ International ☐ Out-of-state ☐ Unknown If imported, from what country/state: _____

Is case traceable within 2 generations to international import? ☐ Yes ☐ No ☐ Unknown

Is case part of an outbreak?: ☐ Yes ☐ No ☐ Unknown If yes, list outbreak name: _____

HOUSEHOLD CONTACTS: Were control activities initiated?: ☐ Yes ☐ No ☐ Unknown If no, explain: _____

Name	Relation to Case	Age	Measles/Rubella History	Vaccination History
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown

POSSIBLE SPREAD CONTACTS:

Name	Relation to Case	Age	Measles/Rubella History	Vaccination History
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown

CDC Objective: 85% of vaccine preventable cases must be investigated and reported to the CDC within 30 days of initial report.

Investigator's Name: _____ Agency Name: _____

Phone : () _____ Date Investigation Initiated: ____/____/____ Date Investigation Completed: ____/____/____

COMMENTS: